



State of Rhode Island  
Department of Business Regulation



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Department of Business Regulation



**DIVISION OF COMMERCIAL LICENSING AND REGULATION  
TRAVEL SECTION**

233 Richmond Street, Suite 230  
Providence, Rhode Island 02903-4230  
Telephone (401) 222-2416 Facsimile (401) 222-6654  
[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

**INSTRUCTIONS FOR TRAVEL AGENCY LICENSE**

TO AVOID DELAY READ ALL INSTRUCTIONS CAREFULLY

APPLICANTS MUST SUBMIT THE FOLLOWING:

- TRAVEL AGENCY APPLICATION
- **LICENSE FEE \$125.00**
- MAKE CHECK PAYABLE TO RHODE ISLAND GENERAL TREASURER
- ALL APPLICATIONS MUST BE ACCOMPANIED BY A COMPLETED BCI WAIVER
- ZONING CERTIFICATE FROM CITY/TOWN WHERE THE BUSINESS IS LOCATED
- SURETY BOND IN THE AMOUNT OF \$10,000.00

APPLICANTS MUST COMPLY WITH THE FOLLOWING:

- PLEASE PRINT NEATLY OR TYPE. NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED.
- EACH QUESTION MUST BE FULLY AND TRUTHFULLY ANSWERED. ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR REFUSAL OR SUBSEQUENT REVOCATION OF LICENSE.
- USE ADDITIONAL SHEETS OF PAPER IF SPACE PROVIDED FOR ANSWER IS NOT SUFFICIENT AND REFERENCE EACH ITEM BY NUMBER AS IT APPEARS ON THIS APPLICATION.

A copy of the Rhode Island Travel Laws, and the Travel Rules and Regulations are available in our office for a fee of \$2.00. Check should be payable to Rhode Island General Treasurer. Or you may attain them through our web site at [www.dbr.state.ri.us](http://www.dbr.state.ri.us).

IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL.



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License Fee: \$125.00 Made payable to: RI General Treasurer

**APPLICATION FOR TRAVEL AGENCY LICENSE**

Name of Travel Agency  
 (include D/B/A if any): \_\_\_\_\_

Agency Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Telephone Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Are you an  
 U.S. Citizen?  
 \_\_\_ Yes \_\_\_ No

Residential Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are You familiar with Title 5, Chapter 5-52, of the General Laws of the State of  
 Rhode Island and the Promulgated Rules & Regulations of said Act? \_\_\_ Yes \_\_\_ No

Have you completed any training program or schooling related to the travel  
 industry? \_\_\_ Yes \_\_\_ No If Yes, List type of training, school and date of graduation below.

Do you hold a Rhode Island Travel Agent License? \_\_\_ Yes \_\_\_ No

If yes, What is your Travel Agent License Number: \_\_\_\_\_

List travel organization memberships (if any): \_\_\_\_\_

Are you the QUALIFYING TRAVEL MANAGER for this Travel Agency? \_\_\_ Yes \_\_\_ NO  
 If Yes, List your Rhode Island Travel Manager License Number: \_\_\_\_\_

If No, List the NAME AND RHODE ISLAND TRAVEL MANAGER LICENSE NUMBER of the  
**QUALIFIED** person employed within the travel agency who meets the **REQUIREMENTS** for a  
 travel agency license as set forth in Rhode Island General Law 5-52-2. (AT LEAST ONE  
 PERSON FROM EACH AGENCY AND ANY BRANCH LOCATION MUST MEET THESE QUALIFICATIONS).

Qualifying Travel Manager: \_\_\_\_\_ License Number: \_\_\_\_\_

List address of any branch office along with the name and license number of the  
 qualifying manager:

Number of Agents with the agency: \_\_\_\_\_  
 (Attach list of names)

TRAVEL AGENCY APPLICATION IS CONTINUED ON NEXT PAGE ...



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...CONTINUATION OF TRAVEL AGENCY APPLICATION...

List the name of any officers and/or directors of corporation or partnership:

Is there any person or corporation whose name is not disclosed above who has financial interest in the applicant or whom otherwise exercises control or direction over the applicant?  Yes  No IF Yes, give full particulars below.

Will the applicant or any partner, or any officer or director of the corporation, be engaged, occupied or employed in any business, occupation or profession other than the business for which this registration is requested?  Yes  No  
 If answer is Yes, give full particulars below:

If a corporation or partnership, state the name and address of the person or agent for service of that entity to which any correspondence, notices or Complaints should be directed by this Department.

Has any partner, officer, member, director or stockholder of the above agency ever had a license refused, suspended or revoked by the State of Rhode Island or any other state?  Yes  No If Yes, please explain below:

Have you now or have you ever been charged, discharged, indicted, or found guilty of any misconduct or irregularities in the performance of your duties, misappropriating and/or converting monies of others or withholding such monies, at any time, by any firm, corporation, etc., in this or any other state?  
 Yes  No If, Yes please explain below:

Are you apart of:

- (a) A Discharged or Undischarged Bankruptcy?  Yes  No
- (b) Presently in a bankruptcy proceeding?  Yes  No
- (c) Have you ever been involved as an officer, Director, or majority shareholder with a Corporation, that is bankrupt or that is presently a party to bankruptcy proceedings?  Yes  No

If you answered Yes to any of the above questions, please give full particulars including dates:

Are there any unpaid judgement(s) outstanding against you?  Yes  No  
 If Yes, Please give full particulars below:

\*\*\*\*\*  
 Surety Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
**(Attach proof of Bond)**  
 \*\*\*\*\*

I hereby make oath that the answers to the foregoing questions are true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

=====

Subscribed and sworn to \_\_\_\_\_, at \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_ My Commission Expires:  
 Signature of Notary Public